

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 / 830038

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1			1				51							
2			1				52							
3			1				53							
4			1				54							
5			1				55							
6			1				56							
7			1				57							
8			1				58							
9			1				59							
10			1				60							
11			1				61							
12			1				62							
13			1				63							
14			1				64							
15			1				65							
16			1				66							
17			1				67							
18			1				68							
19			1				69							
20			1				70							
21			1				71							
22			1				72							
23			1				73							
24			1				74							
25			1				75							
26			1				76							
27							77							
28							78							
29							79							
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31							81							
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38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			3				TOTAL IND.							
TOTAL DEP.			23				TOTAL DEP.							
TOTAL C. CLAIMS			26				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS